

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		FILED COURT CASE NUMBER CR-04-10162-DPW
DEFENDANT CHARLES A. GUIDA		285 TYPE OF PROCESS Preliminary Order of Forfeiture
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO BE FORFEITED Charles P. McGinty, Esq., Federal Defender Office; As Counsel for Charles A. Guida	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 408 Atlantic Avenue, Boston, MA 02210	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named individual via certified mail, return receipt requested.

04 058-000500

JLI xt 3297

Signature of Attorney or other Originator requesting service on behalf of:  <i>W. Moakley</i>		PLAINTIFF OR DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE June 2, 2005
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only two USM 285 if more than one USM 285 is submitted)		Total Process No. <u>38</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USM Deputy or Clerk <i>May 17, 2005</i>	Date <u>10/7/05</u>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)		Date of Service <u>10/12/05</u>	Time pm	am
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Service Fee	Total Mileage Charges <i>including endeavor</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Clerk <i>10/12/05</i>	Amount of Refund
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## REMARKS

*10/7/05 Certified # 7002 0510 0004 1358 1027  
10/12/05 Delivery Date*

*(6)*